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Fill in this information to	identify your case:		
United States Bankruptcy	Court for the:		
WESTERN DISTRICT OF	PENNSYLVANIA		
Case number (if known)	22-20613	Chapter you are filing under:	
		☐ Chapter 7	
		☐ Chapter 11	
		☐ Chapter 12	
		■ Chapter 13	☐ Check if this is an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

02/20

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be *yes* if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yourself		
	About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1. Your full name		
Write the name that is on	ANDREW	CLAUDIA
your government-issued picture identification (for	First name	First name
example, your driver's license or passport).	D.	R.
,	Middle name	Middle name
Bring your picture identification to your	MICHALIC, Jr.	MICHALIC
meeting with the trustee.	Last name and Suffix (Sr., Jr., II, III)	Last name and Suffix (Sr., Jr., II, III)
All other names you have used in the last 8 years		
Include your married or		
maiden names.		
Only the last 4 digits of your Social Security number or federal	xxx-xx-9607	xxx-xx-5786
Individual Taxpayer Identification number (ITIN)		
your Social Security number or federal Individual Taxpayer Identification number	xxx-xx-9607	xxx-xx-5786

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Debtor 1 ANDREW D. MICHALIC, Jr. Debtor 2 CLAUDIA R. MICHALIC

Case number (if known) 22-20613

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):		
4.	Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years	■ I have not used any business name or EINs.	■ I have not used any business name or EINs.		
	Include trade names and doing business as names	Business name(s)	Business name(s)		
		EIN	EIN		
5.	Where you live	816 LAWRENCE STREET	If Debtor 2 lives at a different address:		
		Monongahela, PA 15063 Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code		
		Washington County	County		
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.		
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code		
6.	Why you are choosing this district to file for bankruptcy	Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408.)	Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408.)		

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22-20613

CLAUDIA R. MICHALIC Case number (if known) **Tell the Court About Your Bankruptcy Case** Part 2: Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy 7. The chapter of the Bankruptcy Code you are (Form 2010)). Also, go to the top of page 1 and check the appropriate box. choosing to file under ☐ Chapter 7 ☐ Chapter 11 ☐ Chapter 12 Chapter 13 How you will pay the fee I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address. I need to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay П The Filing Fee in Installments (Official Form 103A). I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition. Have you filed for No. bankruptcy within the last 8 years? ☐ Yes. When Case number District When Case number District When District Case number 10. Are any bankruptcy ■ No cases pending or being filed by a spouse who is ☐ Yes. not filing this case with you, or by a business partner, or by an affiliate? Debtor Relationship to you When Case number, if known District Debtor Relationship to you When Case number, if known District 11. Do you rent your Go to line 12. No. residence? Has your landlord obtained an eviction judgment against you? ☐ Yes. No. Go to line 12. Yes. Fill out Initial Statement About an Eviction Judgment Against You (Form 101A) and file it as part of this bankruptcy petition.

Debtor 1

Debtor 2

ANDREW D. MICHALIC, Jr.

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Deb	otor 2 CLAUDIA R. MICH	IALIC	•			Case number (if known)	22-20613			
Par	t 3: Report About Any Bu	sinesses	You Owr	as a Sole Propriet	or					
12.	Are you a sole proprietor of any full- or part-time business?	■ No.	Go to	Part 4.						
	business.	ПYes	☐ Yes. Name and location of business							
	A sole proprietorship is a									
	business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.			Name of business, if any						
	If you have more than one sole proprietorship, use a separate sheet and attach		Numb	er, Street, City, State	e & ZIP Code					
	it to this petition.		Chec	k the appropriate box	to describe your busi	ness:				
				Health Care Busin	ess (as defined in 11 L	J.S.C. § 101(27A))				
				Single Asset Real	Estate (as defined in 1	1 U.S.C. § 101(51B))				
				Stockbroker (as de	efined in 11 U.S.C. § 10	01(53A))				
				Commodity Broker	(as defined in 11 U.S.	.C. § 101(6))				
				None of the above						
13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?		deadline	s. If you ir s, cash-fl	idicate that you are a ow statement, and fe	small business debto	r, you must attach your most re	otor so that it can set appropriate cent balance sheet, statement of do not exist, follow the procedure			
	For a definition of small	■ No.	I am not filing under Chapter 11.							
	business debtor, see 11 U.S.C. § 101(51D).	□ No.	I am f Code		1, but I am NOT a sm	all business debtor according to	the definition in the Bankruptcy			
		☐ Yes.		I am filing under Chapter 11, I am a small business debtor according to the definition in the Bankruptcy Code, and I do not choose to proceed under Subchapter V of Chapter 11.						
		☐ Yes.		iling under Chapter 1 ed under Subchapte		rding to the definition in the Ban	kruptcy Code, and I choose to			
Par	t 4: Report if You Own or	Have Any	Hazardo	ous Property or Any	Property That Needs	s Immediate Attention				
14.	Do you own or have any property that poses or is	■ No.								
	alleged to pose a threat	☐ Yes.	\A/I ₂ = ('=	uh - h 10						
	of imminent and identifiable hazard to		what is	the hazard?						
	public health or safety? Or do you own any									
	property that needs immediate attention?			liate attention is why is it needed?						
	For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?		Where is	s the property?						
					Number, Street, City, S	state & Zip Code				

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Debtor 1 ANDREW D. MICHALIC, Jr. Debtor 2 CLAUDIA R. MICHALIC

Case number (if known) 22-20613

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court. Case 22-20613-GLT Doc 15 Filed 04/12/22 Entered 04/12/22 15:46:04 Desc Main Document Page 6 of 52

Debtor 1 ANDREW D. MICHALIC, Jr. 22-20613 Debtor 2 **CLAUDIA R. MICHALIC** Case number (if known) Part 6: **Answer These Questions for Reporting Purposes** 16. What kind of debts do 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." you have? ☐ No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. ☐ No. Go to line 16c. ☐ Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts 17. Are you filing under I am not filing under Chapter 7. Go to line 18. No. Chapter 7? Do you estimate that I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses ☐ Yes. after any exempt are paid that funds will be available to distribute to unsecured creditors? property is excluded and administrative expenses ☐ No are paid that funds will ☐ Yes be available for distribution to unsecured creditors? 18. How many Creditors do **1**,000-5,000 **25,001-50,000** 1-49 you estimate that you **5001-10.000 5**0,001-100,000 **50-99** owe? **1**0,001-25,000 ☐ More than 100,000 **1**00-199 **1** 200-999 19. How much do you **\$0 - \$50,000** □ \$500,000,001 - \$1 billion □ \$1,000,001 - \$10 million estimate your assets to □ \$50,001 - \$100,000 □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion be worth? □ \$50,000,001 - \$100 million □ \$10.000.000.001 - \$50 billion **\$100,001 - \$500,000** □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500,001 - \$1 million 20. How much do you □ \$0 - \$50,000 □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion estimate your liabilities □ \$50,001 - \$100,000 □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion to be? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion **\$100,001 - \$500,000** □ \$100.000.001 - \$500 million ■ More than \$50 billion □ \$500,001 - \$1 million Part 7: Sign Below I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. For you If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ ANDREW D. MICHALIC, Jr. /s/ CLAUDIA R. MICHALIC ANDREW D. MICHALIC, Jr. **CLAUDIA R. MICHALIC** Signature of Debtor 1 Signature of Debtor 2 Executed on April 12, 2022 Executed on April 12, 2022 MM / DD / YYYY MM / DD / YYYY

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Debtor 1 ANDREW D. MICHALIC, Jr.

Debtor 2 CLAUDIA R. MICHALIC Case number (if known) 22-20613

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ Russell	A. Burdelski, Esquire	Date	April 12, 2022
Signature of	Attorney for Debtor	_	MM / DD / YYYY
5	B . 1.1.1.1. E		
Russell A.	Burdelski, Esquire		
Printed name			
	Offices of Russell A. Burdelski, Esq	uire	
Firm name			
1020 PER	RY HIGHWAY		
Pittsburgh	, PA 15237		
Number, Street,	City, State & ZIP Code		
Contact phone	(412) 366-1511	Email address	atyrusb@choiceonemail.com
72688 PA			
Par number 9 C	tata		

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Fill in this infor	mation to identify your	case:		
Debtor 1	ANDREW D. MICH	IALIC, Jr.		
	First Name	Middle Name	Last Name	
Debtor 2	CLAUDIA R. MICH	HALIC		
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States B	ankruptcy Court for the:	WESTERN DISTRICT	OF PENNSYLVANIA	
Case number	22-20613			
(if known)				Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Par	t 1: Summarize Your Assets		
		Your a	ssets of what you own
1.	Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	\$	190,000.0
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	12,175.1
	1c. Copy line 63, Total of all property on Schedule A/B	\$	202,175.1
ar	t 2: Summarize Your Liabilities		
			abilities t you owe
	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	115,402.0
	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	1,760.0
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	10,873.5
	Your total liabilities	\$	128,035.56
ar	t 3: Summarize Your Income and Expenses		
	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	3,803.5
j.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	2,040.0
ar	t 4: Answer These Questions for Administrative and Statistical Records		
5 .	Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	ır other scl	nedules.
,	■ Yes What kind of debt do you have?		

- Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

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Debtor 2	CLAUDIA R. MICHALIC	Case number (if known) 22-20613
Debtor 1	ANDREW D. MICHALIC, Jr.	

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

655.00

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total claim	1
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	1,760.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	1,760.00

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				Docu	ument	Page 10 of 52		•	
Fill	in this inforn	nation to identify	your case and th	is filing	:				
Deb	tor 1		MICHALIC, Jr.	News		LastNama			
Deb	tor 2	First Name CLAUDIA R.	Michalic Michalic	Name		Last Name			
(Spo	use, if filing)	First Name	Middle	Name		Last Name			
Unit	ed States Ba	nkruptcy Court for	the: WESTERN	DISTRI	CT OF PEN	INSYLVANIA			
Cas	e number	22-20613							☐ Check if this is an
						_			amended filing
Of	icial Fo	rm 106A/E	<u>3</u>						
Sc	hedul	e A/B: Pi	roperty						12/15
		nave any legal or eq				Own or Have an Interest In g, land, or similar property?			
	Yes. Where is								
1.1	816 LAWR Street address,	RENCE ST if available, or other des	cription	What ■ □	Single-family Duplex or m	rty? Check all that apply y home ulti-unit building m or cooperative	the amoun	t of any secure	aims or exemptions. Put d claims on Schedule D: ms Secured by Property.
	Monongal	nela PA	15063-0000		Manufacture Land	ed or mobile home	Current va		Current value of the portion you own?
	City	State	ZIP Code		Investment	property		90,000.00	\$190,000.00
					Timeshare				our ownership interest
				Ш Who h	Other nas an intere	est in the property? Check one		ee simple, ten e), if known.	ancy by the entireties, or
					Debtor 1 onl	ly	Fee sim	ple subject	to a mortgage
	Washingto	on			Debtor 2 onl	•			
	County			_		d Debtor 2 only of the debtors and another		c if this is com	munity property
				Other	information	you wish to add about this intion number:	•	,	
				3 BE	D 2 BATH	SINGLE FAMILY BRIC	CK HOUSE		
						s from Part 1, including a			\$190,000.00

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B Schedule A/B: Property page 1

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	LAUDIA R. MICHALI		Case number (if known)	22-20613
Cars, vans,	trucks, tractors, sport	utility vehicles, motorcycles		
□ No				
Yes				
1 Make:	LEXUS	Who has an interest in the property? Check one		ed claims or exemptions. Put ecured claims on Schedule D:
Model:	GX470	☐ Debtor 1 only		Claims Secured by Property.
Year:	2006	Debtor 2 only	Current value of the	
	nate mileage:ormation:	Debtor 1 and Debtor 2 only At least one of the debtors and another	entire property?	portion you own?
Other init	omation.	At least one of the debtors and another		
		Check if this is community property (see instructions)	\$8,000.0	90 \$8,000.0
Add the do	llar value of the portion	n you own for all of your entries from Part 2, including 2. Write that number here	g any entries for	\$8,000.00
ages you	nave attached for Part	2. Write that number here	=>	
	oe Your Personal and Hou r have any legal or equ	itable interest in any of the following items?		Current value of the portion you own? Do not deduct secured claims or exemptions.
lousehold Examples: I ☑ No ■ Yes. De		re, linens, china, kitchenware		
	SOFA			\$100.
	CHAIRS			<u></u> \$150.0
	DINING	RM TABLES		\$150.
	TV			\$100.
	LAMPS			\$200.
	ВООКС	ASE		\$25.0
	CHINA (CLOSET		\$200.0
	CHINA			\$50.

Official Form 106A/B

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ANDREW D. MICHALIC, Jr. Debtor 1 Debtor 2 **CLAUDIA R. MICHALIC**

Case number (if known) 22-20613 \$30.00 KITCHEN TABLE & CHAIRS STOVE \$30.00 MIROWAVE \$60.00 \$200.00 REFRIGERATOR FREEZER \$100.00 \$10.00 DISHWASHER WASHER \$30.00 DRYER \$30.00 \$20.00 TELEPHONE \$40.00 MISC APPLIANCES MISC FURNISHINGS \$10.00 **BEDROOM STE** \$500.00 **CEDAR CHEST** \$20.00 DESK \$40.00 COMPUTER \$40.00

\$100.00 **ASSORTED PICTURES**

\$100.00

\$45.00

\$50.00

\$100.00

LAMPS

ASSORTED HAND TOOLS

ASSORTED POWER TOOLS

ASSORTED BOOKS

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Debtor 1 Debtor 2	CLAUDIA R.	MICHALIC, Jr. MICHALIC Case num	ber (if known) 22-20613
		DECORATIVE ART	\$50.00
		ANTIQUE CHEST	\$100.00
		MUSIC TAPES	\$40.00
		MUSIC CD'S	\$50.00
		ASSORTED CLOTHES	\$400.00
		60 YR OLD MINK COAT	\$50.00
		357 MAGNUM HANDGUN	\$100.00
8. Collecti Example ■ No □ Yes. 9. Equipm	other collecti Describe pent for sports a	graphic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs,	
☐ Yes. 10. Firearr Exam ☐ No		s, shotguns, ammunition, and related equipment	
		38 SPECIAL HANDGUN	\$100.00
		243 CALIBER RIFLE	\$100.00
■ No □ Yes. 12. Jewelr Exam	ples: Everyday cl Describe	othes, furs, leather coats, designer wear, shoes, accessories welry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, wat	ches, gems, gold, silver

Official Form 106A/B Schedule A/B: Property

page 4

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22. Security deposits and prepayments

Your share of all unused deposits you have made so that you may continue service or use from a company

Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

■ No ☐ Yes. Institution name or individual:

Case 22-20613-GLT Doc 15 Filed 04/12/22 Entered 04/12/22 15:46:04 Desc Main Document Page 15 of 52 ANDREW D. MICHALIC, Jr.

De	ebtor 2	CLAUDIA	R. MICHALIC	C			_ Case	e number (if known)	22-206	13
23.	Annuitie ■ No	es (A contrac	ct for a periodic	payment of m	oney to you, ei	ther for life or for a	a number of yea	rs)		
	☐ Yes		Issuer name a	and description	n.					
24.			ation IRA, in a 1), 529A(b), and		a qualified AB	LE program, or ι	ınder a qualifie	ed state tuition pro	gram.	
	☐ Yes		Institution nan	ne and descrip	otion. Separatel	y file the records of	of any interests.	11 U.S.C. § 521(c):		
25.	Trusts, €	equitable or	r future interes	ts in property	y (other than a	nything listed in	line 1), and rig	hts or powers exe	ercisable f	or your benefit
	_	Give specific	information ab	out them						
26.						ellectual propert alties and licensin				
	☐ Yes. C	Give specific	information ab	out them						
27.			es, and other g permits, exclusi			ociation holdings,	liquor licenses,	professional license	es	
	☐ Yes. C	Give specific	information ab	out them						
M	oney or p	roperty owe	ed to you?						port Do r	rent value of the ion you own? not deduct secured ns or exemptions.
28.	Tax refu	ınds owed t	to you							
	■ No									
	⊔ Yes. G	Sive specific	information abo	out them, inclu	iding whether y	ou already filed th	e returns and th	e tax years		
29.	Family s Example ■ No		or lump sum a	limony, spous	al support, child	d support, mainter	nance, divorce s	ettlement, property	settlemer	nt
	☐ Yes. G	Give specific	information							
30.		es: Unpaid w	neone owes yo vages, disability unpaid loans y	insurance pa		ity benefits, sick p	pay, vacation pag	y, workers' comper	nsation, S	ocial Security
		Give specific	information							
			nce policies disability, or life	insurance; hea	alth savings acc	count (HSA); cred	it, homeowner's	, or renter's insurar	nce	
	☐ Yes. N	lame the ins	urance compar Compa	ny of each poli any name:	cy and list its va	alue.	Beneficiary:		Sui val	rrender or refund ue:
32.	If you ar someon		perty that is du iciary of a living				olicy, or are curre	ently entitled to rece	eive prope	rty because
	■ No □ Yes. 0	Give specific	information							
33.			d parties, whet			lawsuit or made or rights to sue	a demand for p	oayment		
	■ No			. , , , ,	, -	-				
	☐ Yes. □	Describe eac	ch claim							

Debtor 1

Case 22-20613-GLT Doc 15 Filed 04/12/22 Entered 04/12/22 15:46:04 Desc Main Page 16 of 52 Document Debtor 1 ANDREW D. MICHALIC, Jr. Case number (if known) 22-20613 Debtor 2 **CLAUDIA R. MICHALIC** 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims ■ No ☐ Yes. Describe each claim....... 35. Any financial assets you did not already list No ☐ Yes. Give specific information.. 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached \$655.19 for Part 4. Write that number here..... Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1. 37. Do you own or have any legal or equitable interest in any business-related property? No. Go to Part 6. ☐ Yes. Go to line 38. Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1.

No. Go to Part 7.

Yes. Go to line 47.

Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above

53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

No

Yes. Give specific information........

54. Add the dollar value of all of your entries from Part 7. Write that number here \$0.00

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

Part	8: List the Totals of Each Part of this Form			
55.	Part 1: Total real estate, line 2			\$190,000.00
56.	Part 2: Total vehicles, line 5	\$8,000.00		
57.	Part 3: Total personal and household items, line 15	\$3,520.00		
58.	Part 4: Total financial assets, line 36	\$655.19		
59.	Part 5: Total business-related property, line 45	\$0.00		
60.	Part 6: Total farm- and fishing-related property, line 52	\$0.00		
61.	Part 7: Total other property not listed, line 54	+ \$0.00		
62.	Total personal property. Add lines 56 through 61	\$12,175.19	Copy personal property total	\$12,175.19

Official Form 106A/B Schedule A/B: Property page 7

63. Total of all property on Schedule A/B. Add line 55 + line 62

\$202,175.19

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Fill in this infor	mation to identify your	case:		
Debtor 1	ANDREW D. MICI	HALIC, Jr.		
	First Name	Middle Name	Last Name	
Debtor 2	CLAUDIA R. MICI	HALIC		
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	WESTERN DISTRICT (OF PENNSYLVANIA	
Case number	22-20613			
(if known)				☐ Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

	Tou are claiming state and rederal nonban	kruptcy exemptions.	11 0.3	s.C. 9 522(b)(3)	
	You are claiming federal exemptions. 11 l	U.S.C. § 522(b)(2)			
2.	For any property you list on Schedule A/B	that you claim as exe	mpt,	fill in the information below.	
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Am	ount of the exemption you claim	Specific laws that allow exemption
		Copy the value from Schedule A/B	Che	ck only one box for each exemption.	
	816 LAWRENCE ST Monongahela, PA 15063 Washington County	\$190,000.00		\$50,300.00	11 U.S.C. § 522(d)(1)
	3 BED 2 BATH SINGLE FAMILY BRICK HOUSE Line from Schedule A/B: 1.1			100% of fair market value, up to any applicable statutory limit	
	2006 LEXUS GX470 Line from Schedule A/B: 3.1	\$8,000.00		\$8,000.00	11 U.S.C. § 522(d)(2)
	Ellie IIolii ochedale AVB. G.1			100% of fair market value, up to any applicable statutory limit	
	SOFA Line from Schedule A/B: 6.1	\$100.00		\$100.00	11 U.S.C. § 522(d)(3)
	Line Iron Schedule AVD. V.1			100% of fair market value, up to any applicable statutory limit	
	CHAIRS Line from Schedule A/B: 6.2	\$150.00		\$150.00	11 U.S.C. § 522(d)(3)
	Ellie IIolii osiilodale 702. GIZ			100% of fair market value, up to any applicable statutory limit	
	DINING RM TABLES Line from Schedule A/B: 6.3	\$150.00		\$150.00	11 U.S.C. § 522(d)(3)
	Line from <i>Schedule FVB</i> . 4.0			100% of fair market value, up to any applicable statutory limit	

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ANDREW D. MICHALIC, Jr. Debtor 1 22-20613 Debtor 2 **CLAUDIA R. MICHALIC** Case number (if known) Brief description of the property and line on Current value of the Specific laws that allow exemption Amount of the exemption you claim Schedule A/B that lists this property portion you own Copy the value from Check only one box for each exemption. Schedule A/B T۷ 11 U.S.C. § 522(d)(3) \$100.00 \$100.00 Line from Schedule A/B: 6.4 П 100% of fair market value, up to any applicable statutory limit **LAMPS** 11 U.S.C. § 522(d)(3) \$200.00 \$200.00 Line from Schedule A/B: 6.5 100% of fair market value, up to any applicable statutory limit **BOOKCASE** 11 U.S.C. § 522(d)(3) \$25.00 \$25.00 Line from Schedule A/B: 6.6 100% of fair market value, up to any applicable statutory limit **CHINA CLOSET** 11 U.S.C. § 522(d)(3) \$200.00 \$200.00 Line from Schedule A/B: 6.7 100% of fair market value, up to any applicable statutory limit **CHINA** 11 U.S.C. § 522(d)(3) \$50.00 \$50.00 Line from Schedule A/B: 6.8 100% of fair market value, up to any applicable statutory limit **KITCHEN TABLE & CHAIRS** 11 U.S.C. § 522(d)(3) \$30.00 \$30.00 Line from Schedule A/B: 6.9 100% of fair market value, up to any applicable statutory limit **STOVE** 11 U.S.C. § 522(d)(3) \$30.00 \$30.00 Line from Schedule A/B: 6.10 100% of fair market value, up to any applicable statutory limit **MIROWAVE** 11 U.S.C. § 522(d)(3) \$60.00 \$60.00 Line from Schedule A/B: 6.11 100% of fair market value, up to any applicable statutory limit REFRIGERATOR 11 U.S.C. § 522(d)(3) \$200.00 \$200.00 Line from Schedule A/B: 6.12 100% of fair market value, up to any applicable statutory limit **FREEZER** 11 U.S.C. § 522(d)(3) \$100.00 \$100.00 Line from Schedule A/B: 6.13 п 100% of fair market value, up to any applicable statutory limit **DISHWASHER** 11 U.S.C. § 522(d)(3) \$10.00 \$10.00 Line from Schedule A/B: 6.14 100% of fair market value, up to any applicable statutory limit

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tor 1 ANDREW D. MICHALIC, Jr. CLAUDIA R. MICHALIC		Case number (if known)	22-20613
Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from	ount of the exemption you claim ck only one box for each exemption.	Specific laws that allow exemption
WA CLIED	Schedule A/B		44 11 0 0 0 5 500(4)(2)
WASHER Line from Schedule A/B: 6.15	\$30.00	\$30.00	11 U.S.C. § 522(d)(3)
		100% of fair market value, up to any applicable statutory limit	
DRYER Line from Schedule A/B: 6.16	\$30.00	\$30.00	11 U.S.C. § 522(d)(3)
		100% of fair market value, up to any applicable statutory limit	
TELEPHONE Line from Schedule A/B: 6.17	\$20.00	\$20.00	11 U.S.C. § 522(d)(3)
		100% of fair market value, up to any applicable statutory limit	
MISC APPLIANCES Line from Schedule A/B: 6.18	\$40.00	\$40.00	11 U.S.C. § 522(d)(3)
2.10.10.11.00		100% of fair market value, up to any applicable statutory limit	
MISC FURNISHINGS Line from Schedule A/B: 6.19	\$10.00	\$10.00	11 U.S.C. § 522(d)(3)
		100% of fair market value, up to any applicable statutory limit	
BEDROOM STE Line from Schedule A/B: 6.20	\$500.00	\$500.00	11 U.S.C. § 522(d)(3)
		100% of fair market value, up to any applicable statutory limit	
CEDAR CHEST Line from Schedule A/B: 6.21	\$20.00	\$20.00	11 U.S.C. § 522(d)(3)
		100% of fair market value, up to any applicable statutory limit	
DESK Line from Schedule A/B: 6.22	\$40.00	\$40.00	11 U.S.C. § 522(d)(3)
		100% of fair market value, up to any applicable statutory limit	
COMPUTER Line from Schedule A/B: 6.23	\$40.00	\$40.00	11 U.S.C. § 522(d)(3)
		100% of fair market value, up to any applicable statutory limit	
LAMPS Line from Schedule A/B: 6.24	\$100.00	\$100.00	11 U.S.C. § 522(d)(3)
		100% of fair market value, up to any applicable statutory limit	
ASSORTED HAND TOOLS Line from Schedule A/B: 6.25	\$45.00	\$45.00	11 U.S.C. § 522(d)(3)
LING HOTH GOLIEGAIG AVD. U.LU	_	100% of fair market value, up to any applicable statutory limit	

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otor 1 ANDREW D. MICHALIC, Jr.			Coop number (if known)	22-20613
tor 2 CLAUDIA R. MICHALIC Brief description of the property and line on	Current value of the	Amo	Case number (if known) ount of the exemption you claim	Specific laws that allow exemption
Schedule A/B that lists this property	portion you own Copy the value from Schedule A/B	Che	ck only one box for each exemption.	
ASSORTED POWER TOOLS Line from Schedule A/B: 6.26	\$50.00	•	\$50.00	11 U.S.C. § 522(d)(3)
Ellio II oli			100% of fair market value, up to any applicable statutory limit	
ASSORTED BOOKS Line from Schedule A/B: 6.27	\$100.00		\$100.00	11 U.S.C. § 522(d)(3)
			100% of fair market value, up to any applicable statutory limit	
ASSORTED PICTURES Line from Schedule A/B: 6.28	\$100.00		\$100.00	11 U.S.C. § 522(d)(3)
			100% of fair market value, up to any applicable statutory limit	
DECORATIVE ART Line from Schedule A/B: 6.29	\$50.00		\$50.00	11 U.S.C. § 522(d)(3)
Zino nom Gonegalo / v Zi. GiZG			100% of fair market value, up to any applicable statutory limit	
ANTIQUE CHEST Line from Schedule A/B: 6.30	\$100.00		\$100.00	11 U.S.C. § 522(d)(3)
			100% of fair market value, up to any applicable statutory limit	
MUSIC TAPES Line from Schedule A/B: 6.31	\$40.00		\$40.00	11 U.S.C. § 522(d)(3)
Ellie II oli ochedale 74 B. 919 I			100% of fair market value, up to any applicable statutory limit	
MUSIC CD'S Line from Schedule A/B: 6.32	\$50.00		\$50.00	11 U.S.C. § 522(d)(3)
Line nom Schedule A/B. 0.02			100% of fair market value, up to any applicable statutory limit	
ASSORTED CLOTHES Line from Schedule A/B: 6.33	\$400.00		\$400.00	11 U.S.C. § 522(d)(3)
			100% of fair market value, up to any applicable statutory limit	
60 YR OLD MINK COAT Line from Schedule A/B: 6.34	\$50.00		\$50.00	11 U.S.C. § 522(d)(3)
			100% of fair market value, up to any applicable statutory limit	
357 MAGNUM HANDGUN Line from Schedule A/B: 6.35	\$100.00		\$100.00	11 U.S.C. § 522(d)(5)
			100% of fair market value, up to any applicable statutory limit	
38 SPECIAL HANDGUN Line from Schedule A/B: 10.1	\$100.00		\$100.00	11 U.S.C. § 522(d)(5)
			100% of fair market value, up to any applicable statutory limit	

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Debt Debt		CLAUDIA R. MICHALIC			Case number (if known)	22-20613
		description of the property and line on dule A/B that lists this property	Current value of the portion you own	Amo	ount of the exemption you claim	Specific laws that allow exemption
			Copy the value from Schedule A/B	Che	ck only one box for each exemption.	
		CALIBER RIFLE from Schedule A/B: 10.2	\$100.00		\$100.00	11 U.S.C. § 522(d)(5)
	LINE	Total Schedule AVD. 10.2			100% of fair market value, up to any applicable statutory limit	
		SION: CONSOL ENERGY PLOYEE RETIREMENT PLAN	\$655.19		\$655.19	11 U.S.C. § 522(d)(10)(E)
	ANN	from Schedule A/B: 21.1			100% of fair market value, up to any applicable statutory limit	
	(Subj	vou claiming a homestead exemption ect to adjustment on 4/01/22 and every			ed on or after the date of adjustmer	nt.)
		Yes. Did you acquire the property cover	red by the exemption wi	ithin 1	215 days before you filed this case	?
		□ No				
		☐ Yes				

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		Document Page 22	of 52		
Fill in thi	is information to identify y	our case:			
Debtor 1	ANDREW D. N	MICHALIC, Jr. Middle Name Last Name		-	
Debtor 2 (Spouse if, f	CLAUDIA R. N First Name	MICHALIC Middle Name Last Name		-	
United St	tates Bankruptcy Court for th	me: WESTERN DISTRICT OF PENNSYLVANIA		-	
Case nur	mber 22-20613				if this is an ded filing
Officia	I Form 106D				
Sche	dule D: Creditor	s Who Have Claims Secured	d by Propert	У	12/15
	copy the Additional Page, fill	e. If two married people are filing together, both are eq it out, number the entries, and attach it to this form. O			
1. Do any o	creditors have claims secured	by your property?			
	o. Check this box and submi	t this form to the court with your other schedules. You	ou have nothing else t	to report on this form.	
■ Ye	es. Fill in all of the information	n below.			
Part 1:	List All Secured Claims				
for each c	aim. If more than one creditor h	is more than one secured claim, list the creditor separately has a particular claim, list the other creditors in Part 2. As etical order according to the creditor's name.	Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
2.1 MC	NONGAHELA CITY	Describe the property that secures the claim:	\$10,091.91	\$190,000.00	\$0.00
C/0	D RON SARVER, CITY EASURER	816 LAWRENCE ST Monongahela, PA 15063 Washington County 3 BED 2 BATH SINGLE FAMILY BRICK HOUSE			
449	WEST MAIN ST nongahela, PA 15063	As of the date you file, the claim is: Check all that apply. ☐ Contingent			
Num	ber, Street, City, State & Zip Code	☐ Unliquidated ☐ Disputed			
Who owe	es the debt? Check one.	Nature of lien. Check all that apply.			
☐ Debtor	•	☐ An agreement you made (such as mortgage or sec car loan)	cured		
■ Debtor	1 and Debtor 2 only	Statutory lien (such as tax lien, mechanic's lien)			
☐ At leas	t one of the debtors and another	Judgment lien from a lawsuit			
☐ Check	if this claim relates to a	Other (including a right to offset) STATUTOR	RY LIEN (LOCAL R	E tax)	

community debt

Date debt was incurred 2021

Last 4 digits of account number

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Debtor 2 CLAUDIA R. MICHALIC First Name Middle Name Last Name	\$0.00
Composition Composition	\$0.00
Describe the property that secures the claim: \$1,009.91 \$190,000.00	\$0.00
C/O RON SARVER, CITY TREASURER 449 WEST MAIN ST Monongahela, PA 15063 Number, Street, City, State & Zip Code Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a 816 LAWRENCE ST Monongahela, PA 15063 Washington County 3 BED 2 BATH SINGLE FAMILY BRICK HOUSE As of the date you file, the claim is: Check all that apply. Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit Other (including a right to offset) STATUTORY LIEN (LOCAL RE tax)	\$0.00
C/O RON SARVER, CITY TREASURER 449 WEST MAIN ST Monongahela, PA 15063 Number, Street, City, State & Zip Code Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a Other (including a right to offset) SEATH SINGLE FAMILY BRICK HOUSE As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit Other (including a right to offset) STATUTORY LIEN (LOCAL RE tax)	
C/O RON SARVER, CITY TREASURER 449 WEST MAIN ST Monongahela, PA 15063 Number, Street, City, State & Zip Code Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a SED 2 BATH SINGLE FAMILY BRICK HOUSE As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit Other (including a right to offset) STATUTORY LIEN (LOCAL RE tax)	
BRICK HOUSE 449 WEST MAIN ST Monongahela, PA 15063 Number, Street, City, State & Zip Code Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a BRICK HOUSE As of the date you file, the claim is: Check all that apply. Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit Other (including a right to offset) STATUTORY LIEN (LOCAL RE tax)	
As of the date you file, the claim is: Check all that apply. Monongahela, PA 15063	
Monongahela, PA 15063 Contingent Contingent Unliquidated Disputed Nature of lien. Check all that apply. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a	
Number, Street, City, State & Zip Code Unliquidated Disputed Nature of lien. Check all that apply. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit Other (including a right to offset) STATUTORY LIEN (LOCAL RE tax)	
Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit Other (including a right to offset) STATUTORY LIEN (LOCAL RE tax)	
□ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim relates to a □ Debtor 1 only □ An agreement you made (such as mortgage or secured car loan) □ Statutory lien (such as tax lien, mechanic's lien) □ Judgment lien from a lawsuit □ Check if this claim relates to a □ Other (including a right to offset) ■ STATUTORY LIEN (LOCAL RE tax)	
□ Debtor 2 only car loan) □ Debtor 1 and Debtor 2 only □ Statutory lien (such as tax lien, mechanic's lien) □ At least one of the debtors and another □ Check if this claim relates to a □ Other (including a right to offset) STATUTORY LIEN (LOCAL RE tax)	
□ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim relates to a □ Other (including a right to offset) □ Statutory lien (such as tax lien, mechanic's lien) □ Judgment lien from a lawsuit □ Check if this claim relates to a □ Other (including a right to offset) □ STATUTORY LIEN (LOCAL RE tax)	
☐ At least one of the debtors and another ☐ Check if this claim relates to a ☐ Other (including a right to offset) ☐ STATUTORY LIEN (LOCAL RE tax)	
☐ Check if this claim relates to a ☐ Other (including a right to offset) STATUTORY LIEN (LOCAL RE tax)	
Date debt was incurred 2020 Last 4 digits of account number	
2.3 PNC Describe the property that secures the claim: \$0.00 \$0.00	\$0.00
2.3 PNC Describe the property that secures the claim: \$0.00 \$0.00 Creditor's Name NOTICE ONLY	\$0.00
NOTICE ONE!	
As file by a file death in the second	
2730 LIBERTY AVE. As of the date you file, the claim is: Check all that apply.	
Pittsburgh, PA 15222	
Number, Street, City, State & Zip Code Unliquidated	
Who owes the debt? Check one. Disputed Nature of lien. Check all that apply.	
□ Debtor 1 only □ An agreement you made (such as mortgage or secured	
Debtor 2 only car loan)	
■ Debtor 1 and Debtor 2 only □ Statutory lien (such as tax lien, mechanic's lien)	
☐ At least one of the debtors and another ☐ Judgment lien from a lawsuit	
Check if this claim relates to a community debt Other (including a right to offset)	
Date debt was incurred Last 4 digits of account number	
2.4 PNC BANK Describe the property that secures the claim: \$95,372.52 \$190,000.00	\$0.00
Creditor's Name 816 LAWRENCE ST Monongahela, PA 15063 Washington County	
3 BED 2 BATH SINGLE FAMILY	
BRICK HOUSE	
3232 NEWARK DR As of the date you file, the claim is: Check all that	
Miamisburg, OH 45342	
Number, Street, City, State & Zip Code Unliquidated	
☐ Disputed	
Who owes the debt? Check one. Nature of lien. Check all that apply.	
□ Debtor 1 only ■ An agreement you made (such as mortgage or secured	
Debtor 2 only car loan)	
■ Debtor 1 and Debtor 2 only □ Statutory lien (such as tax lien, mechanic's lien)	
At least one of the debtors and another Judgment lien from a lawsuit	
☐ Check if this claim relates to a community debt ☐ Check if this claim relates to a community debt ☐ Check if this claim relates to a community debt ☐ Other (including a right to offset)	

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Debtor 1 ANDREW D. MICHALIC,	, Jr.	Case number (if known)	22-20613	
First Name Middle N	ame Last Name			
Debtor 2 CLAUDIA R. MICHALIC First Name Middle N	ame Last Name			
riist Name - Middle N	arrie Last Name			
2.5 PNC BANK, NA	Describe the property that secures the claim:	\$0.00	\$0.00	\$0.00
Creditor's Name	NOTICE ONLY	1		
C/O KML LAW GROUP				
701 MARKET STREET,	As of the date you file, the claim is: Check all that			
STE 5000	apply.			
Philadelphia, PA 19106	Contingent			
Number, Street, City, State & Zip Code	Unliquidated			
Who owes the debt? Check one.	☐ Disputed Nature of lien. Check all that apply.			
_	_			
☐ Debtor 1 only ☐ Debtor 2 only	☐ An agreement you made (such as mortgage or car loan)	Secured		
■ Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lien)	1		
At least one of the debtors and another	☐ Judgment lien from a lawsuit	,		
Check if this claim relates to a	Other (including a right to offset)			
community debt				
Date debt was incurred	Last 4 digits of account number			
RINGOLD SCHOOL				
DISTRICT	Describe the property that secures the claim:	\$1,476.66	\$190,000.00	\$0.00
Creditor's Name	816 LAWRENCE ST Monongahela,			
	PA 15063 Washington County			
	3 BED 2 BATH SINGLE FAMILY BRICK HOUSE			
	As of the date you file, the claim is: Check all that]		
95 W BEAU ST, STE 525	apply.			
Washington, PA 15301	Contingent			
Number, Street, City, State & Zip Code	Unliquidated			
Who owes the debt? Check one.	☐ Disputed Nature of lien. Check all that apply.			
Debtor 1 only	☐ An agreement you made (such as mortgage or	secured		
Debtor 2 only	car loan)	Secured		
Debtor 1 and Debtor 2 only	car loan)			
☐ At least one of the debtors and another		1		
	Statutory lien (such as tax lien, mechanic's lien)			
☐ Check if this claim relates to a	Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit	ORY LIEN (SD RE tax)		
☐ Check if this claim relates to a community debt	Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit			

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Debtor	1 ANDREW D. MICHALIC	, Jr.	Case number (if known)	22-20613	
	First Name Middle N	ame Last Name			
Debtor 2	2 CLAUDIA R. MICHALIC				
	First Name Middle N	ame Last Name			
27	INGOLD SCHOOL ISTRICT	Describe the property that secures the claim	_: \$1,810.52	\$190,000.00	\$0.00
	editor's Name	816 LAWRENCE ST Monongahela, PA 15063 Washington County 3 BED 2 BATH SINGLE FAMILY BRICK HOUSE			
	19 WEST MAIN ST onongahela, PA 15063	As of the date you file, the claim is: Check all the apply.	nat		
		Contingent			
Nu	mber, Street, City, State & Zip Code	☐ Unliquidated			
Who ou	ves the debt? Check one.	☐ Disputed Nature of lien. Check all that apply.			
_		_	d		
☐ Debto	•	An agreement you made (such as mortgage car loan)	or secured		
Debte	or 1 and Debtor 2 only	Statutory lien (such as tax lien, mechanic's li	en)		
☐ At lea	ast one of the debtors and another	☐ Judgment lien from a lawsuit			
	k if this claim relates to a munity debt	Other (including a right to offset)	JTORY LIEN (SD RE tax)	<u> </u>	
Date del	ot was incurred 2021	Last 4 digits of account number			
28 RI	INGOLD SD & ONONGAHELA CITY	Last 4 digits of account number Describe the property that secures the claim	\$2,342.20	\$190,000.00	\$0.00
2.8 RI	INGOLD SD &	<u> </u>	: \$2,342.20	\$190,000.00	\$0.00
2.8 RI M Cre	INGOLD SD & ONONGAHELA CITY editor's Name O PORTNOFF LAW	Describe the property that secures the claim	: \$2,342.20	\$190,000.00	\$0.00
2.8 RI M Cre	INGOLD SD & ONONGAHELA CITY editor's Name O PORTNOFF LAW SSOC	Describe the property that secures the claim 816 LAWRENCE ST Monongahela, PA 15063 Washington County 3 BED 2 BATH SINGLE FAMILY BRICK HOUSE As of the date you file, the claim is: Check all t		\$190,000.00	\$0.00
2.8 RI M Cre	INGOLD SD & ONONGAHELA CITY editor's Name O PORTNOFF LAW SSOC D BOX 3020	Describe the property that secures the claim 816 LAWRENCE ST Monongahela, PA 15063 Washington County 3 BED 2 BATH SINGLE FAMILY BRICK HOUSE As of the date you file, the claim is: Check all tapply.		\$190,000.00	\$0.00
2.8 RI M Cre	INGOLD SD & ONONGAHELA CITY aditor's Name O PORTNOFF LAW SSOC D BOX 3020 orristown, PA 19404	Describe the property that secures the claim 816 LAWRENCE ST Monongahela, PA 15063 Washington County 3 BED 2 BATH SINGLE FAMILY BRICK HOUSE As of the date you file, the claim is: Check all tapply. Contingent		\$190,000.00	\$0.00
2.8 RI M Cre	INGOLD SD & ONONGAHELA CITY editor's Name O PORTNOFF LAW SSOC D BOX 3020	Describe the property that secures the claim 816 LAWRENCE ST Monongahela, PA 15063 Washington County 3 BED 2 BATH SINGLE FAMILY BRICK HOUSE As of the date you file, the claim is: Check all tapply. Contingent Unliquidated		\$190,000.00	\$0.00
2.8 RI M Cré	INGOLD SD & ONONGAHELA CITY aditor's Name O PORTNOFF LAW SSOC D BOX 3020 orristown, PA 19404	Describe the property that secures the claim 816 LAWRENCE ST Monongahela, PA 15063 Washington County 3 BED 2 BATH SINGLE FAMILY BRICK HOUSE As of the date you file, the claim is: Check all tapply. Contingent Unliquidated Disputed		\$190,000.00	\$0.00
2.8 RI M Cré	INGOLD SD & ONONGAHELA CITY editor's Name O PORTNOFF LAW SSOC D BOX 3020 orristown, PA 19404 mber, Street, City, State & Zip Code ves the debt? Check one. or 1 only	Describe the property that secures the claim 816 LAWRENCE ST Monongahela, PA 15063 Washington County 3 BED 2 BATH SINGLE FAMILY BRICK HOUSE As of the date you file, the claim is: Check all tapply. Contingent Unliquidated	nat	\$190,000.00	\$0.00
2.8 RI M M Cre	INGOLD SD & ONONGAHELA CITY editor's Name O PORTNOFF LAW SSOC D BOX 3020 orristown, PA 19404 mber, Street, City, State & Zip Code oes the debt? Check one. or 1 only or 2 only	Describe the property that secures the claim 816 LAWRENCE ST Monongahela, PA 15063 Washington County 3 BED 2 BATH SINGLE FAMILY BRICK HOUSE As of the date you file, the claim is: Check all tapply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage car loan)	or secured	\$190,000.00	\$0.00
2.8 RI M Cre C/A A: P(Nu Who ow Debto Debto Debto	INGOLD SD & ONONGAHELA CITY aditor's Name /O PORTNOFF LAW SSOC D BOX 3020 orristown, PA 19404 mber, Street, City, State & Zip Code /es the debt? Check one. or 1 only or 2 only or 1 and Debtor 2 only	Describe the property that secures the claim 816 LAWRENCE ST Monongahela, PA 15063 Washington County 3 BED 2 BATH SINGLE FAMILY BRICK HOUSE As of the date you file, the claim is: Check all tapply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage car loan) Statutory lien (such as tax lien, mechanic's lien)	or secured	\$190,000.00	\$0.00
2.8 RI M M Cré Cré C/A A: P(Nu Nu Debto Debto At lea	INGOLD SD & ONONGAHELA CITY editor's Name O PORTNOFF LAW SSOC D BOX 3020 orristown, PA 19404 mber, Street, City, State & Zip Code oes the debt? Check one. or 1 only or 2 only	Describe the property that secures the claim 816 LAWRENCE ST Monongahela, PA 15063 Washington County 3 BED 2 BATH SINGLE FAMILY BRICK HOUSE As of the date you file, the claim is: Check all tapply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit	or secured		\$0.00

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ebtor 1 ANDREW D. MICHALIC, Jr.				Case number (if known)	22-20613	
First Name	Middle Name	Last Name	_			
Debtor 2 CLAUDIA R.						
First Name	Middle Name	Last Name				
RINGOLD SD & MONONGAHELA	A CITY De	scribe the property that secures	the claim:	\$1,963.96	\$190,000.00	\$0.00
Creditor's Name	81	6 LAWRENCE ST Monon	gahela,			
C/O PORTNOFF ASSOC	LAW 3 E	A 15063 Washington Coul BED 2 BATH SINGLE FAM RICK HOUSE	-			
PO BOX 3020		of the date you file, the claim is:	Check all that			
Norristown, PA 1	19404 🔲	Contingent				
Number, Street, City, State	e & Zip Code	Unliquidated				
Who owes the debt? Chec		Disputed ture of lien. Check all that apply.				
☐ Debtor 1 only ☐ Debtor 2 only		An agreement you made (such as car loan)	mortgage or s	ecured		
■ Debtor 1 and Debtor 2 on	ly	Statutory lien (such as tax lien, me	chanic's lien)			
☐ At least one of the debtors	s and another	Judgment lien from a lawsuit				
☐ Check if this claim relate	es to a	Other (including a right to offset)	STATUTO	RY LIEN(CITY & SD I	RE tax)	
community debt						
·	020	Last 4 digits of account num	ber			
·	OUNTY	Last 4 digits of account num		\$305.53	\$190,000.00	\$0.00
Date debt was incurred 2.1 WASHINGTON C TAX BUREAU Creditor's Name COURTHOUSE S	OUNTY BOUNTY BOUNTY	scribe the property that secures 6 LAWRENCE ST Monong A 15063 Washington Coul BED 2 BATH SINGLE FAM	the claim: gahela, nty	\$305.53	\$190,000.00	\$0.00
2.1 WASHINGTON C TAX BUREAU Creditor's Name COURTHOUSE S 95 W. BEAU STR	OUNTY BE	scribe the property that secures 6 LAWRENCE ST Monong A 15063 Washington Coul	the claim: gahela, nty IILY	\$305.53	\$190,000.00	\$0.00
Date debt was incurred 2.1 WASHINGTON C TAX BUREAU Creditor's Name COURTHOUSE S	OUNTY De: 81 PA 3 I BEET, RM As	scribe the property that secures 6 LAWRENCE ST Monong A 15063 Washington Coul BED 2 BATH SINGLE FAM RICK HOUSE of the date you file, the claim is:	the claim: gahela, nty IILY	\$305.53	\$190,000.00	\$0.00
Date debt was incurred 2.1 WASHINGTON C TAX BUREAU Creditor's Name COURTHOUSE S 95 W. BEAU STR 130	OUNTY Des 81 PA 3 I BEET, RM As app	scribe the property that secures 6 LAWRENCE ST Monong A 15063 Washington Coul BED 2 BATH SINGLE FAM RICK HOUSE of the date you file, the claim is: oly. Contingent	the claim: gahela, nty IILY	\$305.53	\$190,000.00	\$0.00
2.1 WASHINGTON C TAX BUREAU Creditor's Name COURTHOUSE S 95 W. BEAU STR 130 Washington, PA Number, Street, City, State	SQUARE REET, RM 15301 a & Zip Code	scribe the property that secures 6 LAWRENCE ST Monong A 15063 Washington Coul BED 2 BATH SINGLE FAM RICK HOUSE of the date you file, the claim is: ly. Contingent Unliquidated Disputed	the claim: gahela, nty IILY	\$305.53	\$190,000.00	\$0.00
2.1 WASHINGTON C TAX BUREAU Creditor's Name COURTHOUSE S 95 W. BEAU STR 130 Washington, PA	BOUNTY BOUNTY BOUNTY BI PA 3 II PA 3 II PA 4 Sapp As app 15301 B & Zip Code Ck one. Na	scribe the property that secures 6 LAWRENCE ST Monong A 15063 Washington Could BED 2 BATH SINGLE FAM RICK HOUSE of the date you file, the claim is: ly. Contingent Unliquidated Disputed ture of lien. Check all that apply.	the claim: gahela, nty IILY		\$190,000.00	\$0.00
2.1 WASHINGTON C TAX BUREAU Creditor's Name COURTHOUSE S 95 W. BEAU STR 130 Washington, PA Number, Street, City, State	BOUNTY BOUNTY BOUNTY BI PA 3 II PA 3 II PA 4 Sapp As app 15301 B & Zip Code Ck one. Na	scribe the property that secures 6 LAWRENCE ST Monong A 15063 Washington Coul BED 2 BATH SINGLE FAM RICK HOUSE of the date you file, the claim is: ly. Contingent Unliquidated Disputed	the claim: gahela, nty IILY		\$190,000.00	\$0.00
2.1 WASHINGTON C TAX BUREAU Creditor's Name COURTHOUSE S 95 W. BEAU STR 130 Washington, PA Number, Street, City, State Who owes the debt? Chec	SQUARE BEET, RM 15301 a & Zip Code ck one.	scribe the property that secures 6 LAWRENCE ST Monong A 15063 Washington Cour BED 2 BATH SINGLE FAM RICK HOUSE of the date you file, the claim is: oly. Contingent Unliquidated Disputed ture of lien. Check all that apply. An agreement you made (such as	the claim: gahela, nty IILY Check all that		\$190,000.00	\$0.00
2.1 WASHINGTON C TAX BUREAU Creditor's Name COURTHOUSE S 95 W. BEAU STR 130 Washington, PA Number, Street, City, State Who owes the debt? Chec	SQUARE REET, RM As app 15301	scribe the property that secures 6 LAWRENCE ST Monono A 15063 Washington Coul BED 2 BATH SINGLE FAM RICK HOUSE of the date you file, the claim is: allow contingent Unliquidated Disputed ture of lien. Check all that apply. An agreement you made (such as car loan)	the claim: gahela, nty IILY Check all that		\$190,000.00	\$0.00
2.1 WASHINGTON C TAX BUREAU Creditor's Name COURTHOUSE S 95 W. BEAU STR 130 Washington, PA Number, Street, City, State Who owes the debt? Chec	SQUARE SEET, RM As app 15301	scribe the property that secures 6 LAWRENCE ST Monong A 15063 Washington Cour BED 2 BATH SINGLE FAM RICK HOUSE of the date you file, the claim is: lly. Contingent Unliquidated Disputed Iture of lien. Check all that apply. An agreement you made (such as car loan) Statutory lien (such as tax lien, me	the claim: gahela, nty IILY Check all that mortgage or s chanic's lien)			\$0.00

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Debtor 1 ANDREW D. MICHALIC,	Jr.	Case number (if known)	22-20613	
First Name Middle N	ame Last Name			
Debtor 2 CLAUDIA R. MICHALIC				
First Name Middle N	ame Last Name			
2.1 WASHINGTON COUNTY 1 TAX BUREAU	Describe the property that secures the claim:	\$342.95	\$190,000.00	\$0.00
Creditor's Name	816 LAWRENCE ST Monongahela,			
	PA 15063 Washington County			
COURTHOUSE SQUARE 95 W. BEAU STREET, RM	3 BED 2 BATH SINGLE FAMILY BRICK HOUSE			
130	As of the date you file, the claim is: Check all that	•		
Washington, PA 15301	apply. □ Contingent			
Number, Street, City, State & Zip Code	☐ Unliquidated			
Who owes the debt? Check one.	☐ Disputed Nature of lien. Check all that apply.			
Debtor 1 only	☐ An agreement you made (such as mortgage or s	cocurad		
Debtor 2 only	car loan)	secureu		
■ Debtor 1 and Debtor 2 only	■ Statutory lien (such as tax lien, mechanic's lien)			
☐ At least one of the debtors and another	☐ Judgment lien from a lawsuit			
☐ Check if this claim relates to a community debt	Other (including a right to offset)	ORY LIEN (COUNTY R	E tax)	
Date debt was incurred 2021	Last 4 digits of account number			
2.1 WASHINGTON COUNTY 2 TAX BUREAU	Describe the property that secures the claim:	\$342.95	\$190,000.00	\$0.00
Creditor's Name	816 LAWRENCE ST Monongahela,			
COURTHOUSE SQUARE 95 W. BEAU STREET, RM	PA 15063 Washington County 3 BED 2 BATH SINGLE FAMILY BRICK HOUSE			
130	As of the date you file, the claim is: Check all that			
Washington, PA 15301	apply. ☐ Contingent			
Number, Street, City, State & Zip Code	Unliquidated			
	Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
☐ Debtor 1 only	☐ An agreement you made (such as mortgage or s	secured		
Debtor 2 only	car loan)			
■ Debtor 1 and Debtor 2 only	■ Statutory lien (such as tax lien, mechanic's lien)			
☐ At least one of the debtors and another	☐ Judgment lien from a lawsuit			
☐ Check if this claim relates to a				
community debt	Other (including a right to offset)	ORY LIEN (COUNTY R	(E tax)	

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Debtor 1 ANDREW D. MICHALIC, Jr.					Case number (if known)					
	First Name	Middle Name	Last Name	_						
Debtor 2	CLAUDIA R. MIC	HALIC								
	First Name	Middle Name	Last Name							
-	ASHINGTON COUN				¢2.42.05	¢400 000 00	¢0.00			
	X BUREAU		escribe the property that secures		\$342.95	\$190,000.00	\$0.00			
Cred	litor's Name	8	16 LAWRENCE ST Monon	gahela,						
		P	A 15063 Washington Cou	ınty						
CO	URTHOUSE SQUA	4KE *	BED 2 BATH SINGLE FAM	MILY						
95	W. BEAU STREET	. RIVI 🗀	RICK HOUSE							
130			s of the date you file, the claim is	: Check all that						
Wa	shington, PA 1530	· ·	l Contingent							
-	Number, Street, City, State & Zip Code		Unliquidated							
		_	•							
Who owe	s the debt? Check one		☐ Disputed Nature of lien. Check all that apply.							
_										
☐ Debtor	•		An agreement you made (such as mortgage or secured car loan)							
Debtor	2 only	_	- car loan)							
Debtor	1 and Debtor 2 only		Statutory lien (such as tax lien, me	echanic's lien)						
At leas	t one of the debtors and	another 🗀	Judgment lien from a lawsuit							
	if this claim relates to a nunity debt	a I	Other (including a right to offset)	STATUT	ORY LIEN (COUNTY F	RE tax)				
Date debt	was incurred 2019		Last 4 digits of account nun	nber						
Add the	dollar value of your en	tries in Colu	mn A on this page. Write that nur	nber here:	\$115.402	2.06				
	•		dollar value totals from all pages		, ,,,					
	at number here	•	. •		\$115,402	2.00				

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

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		Document rage	29 01 3	<u> </u>		
Fill in this info	rmation to identify your case:					
Debtor 1	ANDREW D. MICHALIC, J	r.				
		Idle Name Last Nam	ie			
Debtor 2	CLAUDIA R. MICHALIC					
(Spouse if, filing)	First Name Mid	Idle Name Last Nam	ie			
United States B	Bankruptcy Court for the: WESTE	RN DISTRICT OF PENNSYLVA	NIA			
Case number	22-20613					
(if known)	22-20013				☐ Check	if this is an
					_	ded filing
Official For	m 106E/E					
	E/F: Creditors Who Ha	ve Unsecured Claim	s			12/15
	nd accurate as possible. Use Part 1 fo			or creditors with NON	PRIORITY claims. L	
Schedule G: Exec Schedule D: Cred eft. Attach the Co name and case no	ntracts or unexpired leases that could cutory Contracts and Unexpired Lease litors Who Have Claims Secured by Pro ontinuation Page to this page. If you house umber (if known).	es (Official Form 106G). Do not incl operty. If more space is needed, co ave no information to report in a P	ude any cre opy the Par	editors with partially s t you need, fill it out, r	ecured claims that a number the entries i	are listed in in the boxes on the
	All of Your PRIORITY Unsecured itors have priority unsecured claims a					
□ No. Go to	• •	gumot you.				
Yes.	1 411 2.					
2. List all of yo identify what it possible, list to	ur priority unsecured claims. If a creditype of claim it is. If a claim has both priothe claims in alphabetical order according than one creditor holds a particular clai	rity and nonpriority amounts, list that g to the creditor's name. If you have r	claim here a	and show both priority a	nd nonpriority amoun	nts. As much as
(For an expla	nation of each type of claim, see the inst	ructions for this form in the instruction	n booklet.)	Total claim	Priority	Nonpriority
2.1 IRS		Last 4 digits of account number	1712	\$1,760.00	amount \$1,760.00	amount \$0.00
•	Creditor's Name		0040			
BRAN	IAL PROCEDURES	When was the debt incurred?	2012		-	
	iberty Ave					
Room	727					
	urgh, PA 15222	A control of the cont				
	Street City State Zip Code red the debt? Check one.	As of the date you file, the claim	is: Check a	all that apply		
Debtor 1		☐ Contingent				
	•	☐ Unliquidated				
Debtor 2	2 only	☐ Disputed				
■ Debtor 1	I and Debtor 2 only	Type of PRIORITY unsecured cl	aim:			
☐ At least	one of the debtors and another	☐ Domestic support obligations				
☐ Check if	f this claim is for a community debt	■ Taxes and certain other debts	you owe the	government		
Is the claim	n subject to offset?	Claims for death or personal in	jury while yo	ou were intoxicated		
■ No		Other. Specify				
☐ Yes		FEDERAL	INCOME	TAX		-
Part 2: List	All of Your NONPRIORITY Unsecu	ured Claims				
3. Do any credi	itors have nonpriority unsecured clain	ns against you?				
☐ No. You h	nave nothing to report in this part. Submit	this form to the court with your other	schedules.			
Yes.		. , ,				
4. List all of yo	our nonpriority unsecured claims in the aim, list the creditor separately for each c					

Total claim

Part 2.

than one creditor holds a particular claim, list the other creditors in Part 3.lf you have more than three nonpriority unsecured claims fill out the Continuation Page of

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	2 CLAUDIA R. MICHALIC		Case number (if known) 22-20	0613					
4.1	NATIONAL ENTERPRISES SYTEMS	Last 4 digits of account number	027	\$6,950.00					
	Nonpriority Creditor's Name C/O PNC BANK 2479 EDISON BLVD, UNIT A	When was the debt incurred?	2019						
	Twinsburg, OH 44087 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim							
	Debtor 1 only	☐ Contingent							
	Debtor 2 only	☐ Unliquidated							
	■ Debtor 1 and Debtor 2 only	☐ Disputed							
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:						
	☐ Check if this claim is for a community	☐ Student loans							
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you	did not					
	■ No	Debts to pension or profit-sharing	ng plans, and other similar debts						
	☐ Yes ☐ Other. Specify ☐ FOOD, CLOTHES, CAR REPAIRS, HOUSEHOLD GOODS								
4.2	SUNRISE CREDIT SVCS	Last 4 digits of account number	7074	\$123.50					
	Nonpriority Creditor's Name C/O PUBLISHERS CLEARINGHOUSE	When was the debt incurred?	2020						
	PO BOX 9100 Farmingdale, NY 11735 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim							
	☐ Debtor 1 only	☐ Contingent							
	☐ Debtor 2 only	☐ Unliquidated							
	■ Debtor 1 and Debtor 2 only	☐ Disputed							
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:						
	☐ Check if this claim is for a community	☐ Student loans							
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you	did not					
	■ No	Debts to pension or profit-sharing	ng plans, and other similar debts						
	Yes	Other. Specify KITCHEN A	APPLIANCES						
4.3	SYNCB/LOWES Nonpriority Creditor's Name	Last 4 digits of account number	8763	\$3,800.00					
	PO BOX 965005 Orlando, FL 32896	When was the debt incurred?	8763						
	Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply						
	Who incurred the debt? Check one.								
	Debtor 1 only	☐ Contingent							
	Debtor 2 only								
	■ Debtor 1 and Debtor 2 only □ Disputed								
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:						
	☐ Check if this claim is for a community	Student loans							
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you	did not					
	■ No	☐ Debts to pension or profit-sharing	ng plans, and other similar debts						
	Yes	Other. Specify APPLIANC	E						

Part 3: List Others to Be Notified About a Debt That You Already Listed

^{5.} Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you

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Debtor 1 ANDREW D. MICHALIC, Jr.

Debtor 2 CLAUDIA R. MICHALIC Case number (if known) 22-20613

have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

					Total Claim
	6a.	Domestic support obligations	6a.	\$	0.00
Total claims					
from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$	1,760.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$	0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$	0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$	1,760.00
				-	Total Claim
Total	6f.	Student loans	6f.	\$	0.00
claims from Part 2	6g.	Obligations arising out of a separation agreement or divorce that			
	og.	you did not report as priority claims	6g.	\$	0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$	0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$	10,873.50
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$	10,873.50

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Fill in this infor							
Debtor 1	ANDREW D. MICI	ANDREW D. MICHALIC, Jr.					
	First Name	Middle Name	Last Name				
Debtor 2							
(Spouse if, filing)	First Name	Middle Name	Last Name				
United States Bankruptcy Court for the:		WESTERN DISTRICT (OF PENNSYLVANIA				
Case number (if known)	22-20613			☐ Check if this is an			
				amended filing			

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Tyes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or	company wit	h whom you have the c er, Street, City, State and ZIP Co	ontract or lease	State what the contract or lease is for
2.1					
	Name				_
	Number	Street			
	City		State	ZIP Code	_
2.2					
	Name				
	Number	Street			_
	City		State	ZIP Code	_
2.3	-				
	Name				_
	Number	Street			_
	City		State	ZIP Code	
2.4					
	Name				_
	Number	Street			
	City		State	ZIP Code	_
2.5					
	Name				_
	Number	Street			_
	City		State	ZIP Code	

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Fill in this in	nformation to identify your o	case:	in rage oo o	02	
Debtor 1	ANDREW D. MICH				
Debtor 1	First Name	Middle Name	Last Name		
Debtor 2	CLAUDIA R. MICH	IALIC			
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States	s Bankruptcy Court for the:	WESTERN DISTRICT	OF PENNSYLVANIA		
Case numbe	er 22-20613				
(if known)					☐ Check if this is an amended filing
Official	Form 106H				
	ile H: Your Code	ebtors			12/15
■ No □ Yes 2. Within Arizona, ■ No. G □ Yes. [3. In Column In Inc. 2	California, Idaho, Louisiana, to to line 3. Did your spouse, former spounn 1, list all of your codebto again as a codebtor only if	lived in a community p Nevada, New Mexico, P se, or legal equivalent liv ors. Do not include you that person is a guara	roperty state or territory uerto Rico, Texas, Washing we with you at the time? r spouse as a codebtory to r cosigner. Make s	f? (Community proper ngton, and Wisconsin. if your spouse is filir sure you have listed t	ty states and territories include) ng with you. List the person shown the creditor on Schedule D (Official g Schedule E/F, or Schedule G to fill
out Colu	umn 2.	1 01111 100E/1), 01 001100	aute o (ometar romi ro		
	olumn 1: Your codebtor me, Number, Street, City, State and ZIF	P Code		Column 2: The cr Check all schedul	editor to whom you owe the debt es that apply:
2.4				Польть	
3.1	ime			_ ☐ Schedule D, lir ☐ Schedule E/F,	
				☐ Schedule E/F,	
Nu Cit	mber Street y	State	ZIP Code		
3.2				☐ Schedule D, lir	ne
	me			Schedule E/F,	
				☐ Schedule G, lir	
Nu Cit	mber Street	State	ZIP Code	_	
Oil	7	Cialo	Zii. Oode		

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	in this information	, ,									
Del	btor 1	ANDREW D	. MICHALIC, Jr.			_					
1	btor 2 buse, if filing)	CLAUDIA R	. MICHALIC			_					
Uni	ited States Bankrup	otcy Court for the	: WESTERN DISTRICT	OF PENNSYLVANIA	ı.	_					
Cas	se number 22	-20613					Check	if this is:			
(If kr	nown)							amende	-		
							□ A s 13	suppleme income a	ent showin as of the fo	g postpetition ollowing date	n chapter :
0	fficial Form	106 <u>l</u>					MN	M / DD/ Y	YYY		
S	chedule I:	Your Inc	ome								12/1
spo atta	use. If you are sep ch a separate she	parated and you	are married and not filing wing spouse is not filing wing wing the top of any additions.	th you, do not includ	e inforr	natio	on about y	your spo	use. If mo	ore space is	needed,
1.	Fill in your empl information.	loyment		Debtor 1				Debtor 2	or non-fi	ling spouse	
	If you have more		Employment status	☐ Employed				☐ Emplo	oyed		
	attach a separate information about		Employment status	■ Not employed	■ Not employed			■ Not e	mployed		
	employers.		Occupation	RETIRED				RETIRE	D		
	Include part-time self-employed wo		Employer's name								
	Occupation may or homemaker, if		Employer's address								
			How long employed to	here?							
Pai	ft 2: Give De	etails About Moi	nthly Income								
	mate monthly incurse unless you are		ate you file this form. If	you have nothing to re	port for	any I	ine, write S	\$0 in the	space. Ind	clude your no	n-filing
	ou or your non-filing e space, attach a s		ore than one employer, co	ombine the information	for all e	mplo	oyers for th	nat perso	n on the li	nes below. If	you need
							For Debt	tor 1		btor 2 or ing spouse	
2.			ry, and commissions (becalculate what the month)		2.	\$		0.00	\$	0.00	-
3.	Estimate and lis	st monthly overt	ime pay.		3.	+\$		0.00	+\$	0.00	-
1	Calculate grace	Incomo Add liv	2 1 line 2		4	4		0.00	¢	0.00	1

Deb Deb	tor 1 tor 2	ANDREW D. MICHALIC, Jr. CLAUDIA R. MICHALIC		(Case	e number (<i>if kn</i>	own)	22-20	613		
	Cop	by line 4 here	4.		Fo:	r Debtor 1	0.00		Debtor 2 filing sp		
5.	l iet	all payroll deductions:									
J.	5a.	Tax, Medicare, and Social Security deductions	58	3	\$	0	.00	\$		0.00	
	5b.	Mandatory contributions for retirement plans	5k		\$ -		.00	\$		0.00	-
	5c.	Voluntary contributions for retirement plans	50		\$ -		.00	\$		0.00	-
	5d.	Required repayments of retirement fund loans	50		\$-		.00	\$	-	0.00	=
	5e.	Insurance	56		\$.00	\$		0.00	-
	5f.	Domestic support obligations	5f		\$.00	\$		0.00	-
	5g.	Union dues	50		\$.00	\$	-	0.00	=
	5h.	Other deductions. Specify:		า.+	\$.00	+ \$		0.00	-
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	— 6.		\$.00	\$		0.00	-
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$	0	.00	\$		0.00	-
8.	8b. 8c. 8d. 8e. 8f. 8g. 8h.	All other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. Interest and dividends Family support payments that you, a non-filling spouse, or a depender regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. Unemployment compensation Social Security Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Pension or retirement income Other monthly income. Specify:	86 86 86 Ce 86	o. d. ə.	\$	0 0 2,115 0 655	0.00	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	1,0	0.00 0.00 0.00 0.00 0.33.50 0.00 0.00	
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	. [.	2,770	.00	\$	1,	,033.50	D
10.	Cal	culate monthly income. Add line 7 + line 9.	10.	\$		2,770.00	+ \$	1,03	33.50	= \$	3,803.50
	Add	the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.				•					•
11.	Incli othe Do i	te all other regular contributions to the expenses that you list in <i>Schedul</i> ude contributions from an unmarried partner, members of your household, you er friends or relatives. not include any amounts already included in lines 2-10 or amounts that are no cify:	ur dep			, ,		•	chedule 11.		0.00
12.		If the amount in the last column of line 10 to the amount in line 11. The rest that amount on the Summary of Schedules and Statistical Summary of Certilies								\$Combin	
13.	Do :	you expect an increase or decrease within the year after you file this form No. Yes. Explain:	m?							nonthly	y income

						1		
Fill in	this informa	ition to identify yo	our case:					
Debto	or 1	ANDREW D.	MICHAL	IC, Jr.		Checl	c if this is:	
Debto (Spou	or 2 use, if filing)	CLAUDIA R.	MICHAL	IC				ving postpetition chapter the following date:
United	d States Bankı	runtey Court for the	WESTE	ERN DISTRICT OF PENNS	SYI VANIA	_	MM / DD / YYYY	
			. WESTE	IN DISTRICT OF TENING	DIEVANIA	'	WIIWI / DD / TTTT	
(If kno		2-20613						
		rm 106J						
		J: Your I						12/15
infor	mation. If m		eded, atta	If two married people ar ch another sheet to this n.				
Part 1	1: Desci	ribe Your House	hold					
1.	Is this a joir	nt case?						
	□ No. Go to							
		es Debtor 2 live i	in a separ	ate household?				
	■ N □ Y	-	st file Offici	al Form 106J-2, <i>Expense</i> s	for Separate House	ehold of Debto	or 2.	
2.	Do vou hav	e dependents?	□ No					
	Do not list D Debtor 2.	•	Yes.	Fill out this information for each dependent	Dependent's relat Debtor 1 or Debto		Dependent's age	Does dependent live with you?
	Do not state	the						□ No
•	dependents	names.			Daughter		49	Yes
								□ No □ Yes
								□ No
								Yes
								□ No
3.	Do your exp	oenses include		No				☐ Yes
	expenses o	f people other tl	han 🗖	Yes				
	yoursen an	d your depende	nts? —					
expe	nate your ex		our bankr	y Expenses uptcy filing date unless y y is filed. If this is a supp				
Inclu	ıde expense	s paid for with r	non-cash	government assistance i	f you know			
the v	•	h assistance an		cluded it on Schedule I: \	•		Your exp	enses
		or home owners and any rent for the		ses for your residence. In	nclude first mortgag	e 4. \$		0.00
1	If not includ	led in line 4:						
	4a. Real	estate taxes				4a. \$		0.00
	•	rty, homeowner's				4b. \$		0.00
		maintenance, re owner's associat	•	ipkeep expenses		4c. \$ 4d. \$		0.00
				our residence, such as ho	me equity loans	5. \$		0.00

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	NDREW D. MICHALIC, Jr. LAUDIA R. MICHALIC	Case num	ber (if known)	22-20613
6. Utilities	:			
6a. El	lectricity, heat, natural gas	6a.	\$	150.00
6b. W	ater, sewer, garbage collection	6b.	\$	42.00
6c. Te	elephone, cell phone, Internet, satellite, and cable services	6c.	\$	102.00
6d. O	ther. Specify:	6d.	\$	0.00
Food ar	nd housekeeping supplies	7.	\$	300.00
Childca	re and children's education costs	8.	\$	0.00
Clothing	g, laundry, and dry cleaning	9.	\$	25.00
. Persona	al care products and services	10.	\$	20.00
. Medical	and dental expenses	11.	\$	10.00
	ortation. Include gas, maintenance, bus or train fare. nclude car payments.	12.	\$	50.00
	inment, clubs, recreation, newspapers, magazines, and books	13.	\$	0.00
	ble contributions and religious donations	14.	\$	0.00
. Insuran	•		Ψ	0.00
	nclude insurance deducted from your pay or included in lines 4 or 20.			
	fe insurance	15a.	\$	0.00
15b. H	ealth insurance	15b.	\$	900.00
15c. V	ehicle insurance	15c.	\$	84.00
15d. O	ther insurance. Specify:	15d.	\$	0.00
. Taxes.	Do not include taxes deducted from your pay or included in lines 4 or 20.			
Specify:		16.	\$	0.00
	ent or lease payments:			
17a. C	ar payments for Vehicle 1	17a.	\$	0.00
	ar payments for Vehicle 2	17b.	\$	0.00
17c. O	ther. Specify:	17c.	\$	0.00
	ther. Specify:	17d.	\$	0.00
	nyments of alimony, maintenance, and support that you did not report a ed from your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 106I)		\$	0.00
	ayments you make to support others who do not live with you.		\$	0.00
Specify:		19.		
. Other re	eal property expenses not included in lines 4 or 5 of this form or on Sch	nedule I: Yo	our Income.	
20a. M	ortgages on other property	20a.	\$	0.00
20b. R	eal estate taxes	20b.	\$	265.00
20c. Pi	roperty, homeowner's, or renter's insurance	20c.	\$	92.00
20d. M	aintenance, repair, and upkeep expenses	20d.	\$	0.00
20e. H	omeowner's association or condominium dues	20e.	\$	0.00
. Other: S	Specify:	21.	+\$	0.00
. Calcula	te your monthly expenses			
	d lines 4 through 21.		\$	2,040.00
	py line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	2,570.00
	d line 22a and 22b. The result is your monthly expenses.		\$	2,040.00
220. MU	a into 22a ana 22b. The result is your monthly expenses.			2,040.00
	te your monthly net income.			
	opy line 12 (your combined monthly income) from Schedule I.	23a.		3,803.50
23b. C	opy your monthly expenses from line 22c above.	23b.	-\$	2,040.00
	ubtract your monthly expenses from your monthly income.	23c.	\$	1,763.50
TI	ne result is your monthly net income.	230.		1,700.00
For exam	expect an increase or decrease in your expenses within the year after yould you expect to finish paying for your car loan within the year or do you expect you ion to the terms of your mortgage?			ease or decrease because of a
☐ Yes.	Explain here:			
பரes.	<u>-</u> Αριαιτί τιστο.			

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Fill in this inforn	nation to identify your	case:			
Debtor 1	ANDREW D. MICH	IALIC. Jr.			
	First Name	Middle Name	Las	st Name	
Debtor 2	CLAUDIA R. MICH	HALIC			
(Spouse if, filing)	First Name	Middle Name	Las	st Name	
United States Ba	nkruptcy Court for the:	WESTERN DISTRICT C	OF PENNS	/LVANIA	
	22-20613				
(if known)					Check if this is an amended filing
If two married pe	ion About a	r, both are equally respoi	nsible for s	or's Schedules supplying correct information. ed schedules. Making a false state	
	or property by fraud ii 8 U.S.C. §§ 152, 1341, 1		ruptcy cas	e can result in fines up to \$250,00	0, or imprisonment for up to 20
Sign	n Below				
Did you pay	y or agree to pay some	one who is NOT an attor	ney to help	you fill out bankruptcy forms?	
■ No					
☐ Yes. N	lame of person				kruptcy Petition Preparer's Notice, , and Signature (Official Form 119)
	Ity of perjury, I declare e true and correct.	that I have read the sum	mary and s	chedules filed with this declaratio	on and
X /s/ AND	DREW D. MICHALIC,	Jr.	Х	/s/ CLAUDIA R. MICHALIC	
ANDRE	EW D. MICHALIC, Jr. re of Debtor 1	-		CLAUDIA R. MICHALIC Signature of Debtor 2	

Date **April 12, 2022**

Date April 12, 2022

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Fill in t	his info	rmation to identify you	r case:				
Debtor	1	ANDREW D. MIC	CHALIC, Jr.				
		First Name	Middle Name		Last Name		
Debtor		CLAUDIA R. MIC			LastNama		
(Spouse if	, tiling)	First Name	Middle Name		Last Name		
United S	States E	Bankruptcy Court for the:	WESTERN DISTRICT	OF PENI	NSYLVANIA		
Case n	umber	22-20613					
(if known)							☐ Check if this is an
							amended filing
Offic	ial F	orm 107					
			Affairs for Indiv	idual	s Filing for B	Sankruntov	4/1:
			ible. If two married people				
		more space is needed wn). Answer every que	, attach a separate sheet t stion.	o this to	rm. On the top of an	y additional pages, wri	te your name and case
	`	,					
Part 1:	Give	Details About Your Ma	arital Status and Where Y	ou Lived	Before		
1. Wh	at is yo	our current marital state	us?				
_							
	Marrie						
	Not m	arried					
2. Du	ring the	e last 3 years, have you	lived anywhere other tha	n where	you live now?		
_							
_	No						
	Yes. I	ist all of the places you	lived in the last 3 years. Do	not inclu	de where you live nov	V.	
De	btor 1	Prior Address:	Dates Debtor	1	Debtor 2 Prior Ad	ldress:	Dates Debtor 2
			lived there				lived there
3. Wit	hin the	last 8 vears, did vou e	ver live with a spouse or	egal egu	ivalent in a commur	ity property state or te	erritory? (Community property
			alifornia, Idaho, Louisiana, I				
_							
_	No				40011)		
	Yes. I	Make sure you fill out Sc	hedule H: Your Codebtors (Official F	orm 106H).		
Part 2	Exp	lain the Sources of You	ır Income				
	-xp						
			mployment or from opera				s calendar years?
			ou received from all jobs an I have income that you rece				
пу	Ju ale ii	iling a joint case and you	Thave income that you rece	ive logel	ner, list it offly office u	idei Debioi 1.	
	No						
		Fill in the details.					
			Dahtar 4			Dahtan 0	
			Debtor 1			Debtor 2	
			Sources of income Check all that apply.		ess income fore deductions and	Sources of income Check all that apply.	Gross income (before deductions
			oneck all that apply.	,	lusions)	oneon an mar apply.	and exclusions)
					,		,

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Debtor 1 ANDREW D. MICHALIC, Jr.

Debtor 2 CLAUDIA R. MICHALIC			Case number (if known) 22-20613								
5.	Include and oth	inc ner p	ome regard oublic bene	dless of wheth fit payments;	er that inco pensions; re	me is taxable. Exertal income; inte	amples or rest; divi		e alimony; child lected from laws	uits; royalties	ial Security, unemployment, s; and gambling and lottery
	List ead	ch s	ource and	the gross inco	me from ea	ch source separa	itely. Do	not include incom	e that you listed	in line 4.	
		Ω									
	_		Fill in the de	etails.							
					Debtor 1				Debtor 2		
					Sources of Describe b		each (befo	ss income from a source ore deductions and usions)	Sources o Describe b		Gross income (before deductions and exclusions)
			1 of curre led for bai	nt year until nkruptcy:	Social Se Benefits	ecurity & Pension		\$5,448.00	O Social Se Benefits	ecurity	\$2,067.00
	For last calendar year: (January 1 to December 31, 2021)		31, 2021)	Social Se Benefits	ecurity & Pension		\$33,234.00	0 Social Se Benefits	ecurity	\$12,402.00	
For the calendar year before that: (January 1 to December 31, 2020)				Social Security \$25,051.20 Benefits & Pension			0 Social Se Benefits	ecurity	\$12,235.00		
	■ Ye	es.	No. Yes * Subject	Go to line 7 List below e paid that crunot include to adjustment or Debtor 2 o	each creditoreditor. Do no payments to on 4/01/22 r both have	r to whom you pa ot include paymen o an attorney for t and every 3 year e primarily consu	id a total nts for do his bank 's after th	omestic support of truptcy case. nat for cases filed	re in one or more oligations, such a on or after the da	e payments a as child supp ate of adjustr	and the total amount you ort and alimony. Also, do ment.
			_	·	•		, , , , ,	., . ,	, , , , , , , , , , , , , , , , , , ,		
			■ No. □ Yes		each creditor ments for do	omestic support o					I that creditor. Do not not include payments to an
	Credit	tor's	Name an	d Address		Dates of payme	ent	Total amount paid	Amount ye still ov		his payment for
7.	Insidera of whic	s ind h yo less y.	clude your in a subject of the subje	relatives; any fficer, director	general par , person in c	tners; relatives of control, or owner o	any ger of 20% c	or more of their vot	tnerships of which ing securities; a	ch you are a g nd any mana	insider? general partner; corporations ging agent, including one for as child support and
	□ Ye	es. L	ist all payr	ments to an in	sider.						
	Inside	er's	Name and	Address		Dates of payme	ent	Total amount paid	Amount ye still ov		on for this payment

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_	otor 2 CLAUDIA R. MICHALIC CLAUDIA R. MICHALIC		Cas	e number (if known)	22-20613	
8.	Within 1 year before you filed for bankrupt insider? Include payments on debts guaranteed or cos		ments or transfer a	ny property on a	ecount of a de	ebt that benefited an
	■ No□ Yes. List all payments to an insider					
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for Include cred	this payment itor's name
Pa	t 4: Identify Legal Actions, Repossession	ns, and Foreclosures				
9.	Within 1 year before you filed for bankrupt List all such matters, including personal injury modifications, and contract disputes.					
	■ No □ Yes. Fill in the details.					
	Case title Case number	Nature of the case	Court or agency		Status of th	e case
10.	Within 1 year before you filed for bankrupt Check all that apply and fill in the details below		erty repossessed, fo	oreclosed, garnis	hed, attached	I, seized, or levied?
	No. Go to line 11.Yes. Fill in the information below.					
	Creditor Name and Address	Describe the Property		Date		Value of the property
11.	Within 90 days before you filed for bankrul accounts or refuse to make a payment bed No Yes. Fill in the details. Creditor Name and Address		luding a bank or fin		, set off any a	mounts from your
				taken		
12.	Within 1 year before you filed for bankrupt court-appointed receiver, a custodian, or a		erty in the possessi	on of an assigne	e for the bene	efit of creditors, a
	■ No □ Yes					
Pa	t 5: List Certain Gifts and Contributions					
13.	Within 2 years before you filed for bankrup ■ No □ Yes. Fill in the details for each gift.	otcy, did you give any gift	s with a total value	of more than \$60	0 per person?	?
	Gifts with a total value of more than \$600 per person	Describe the gifts		Dates the gi	you gave fts	Value
	Person to Whom You Gave the Gift and Address:					
14.	Within 2 years before you filed for bankrup ■ No □ Yes. Fill in the details for each gift or cor		s or contributions v	vith a total value	of more than	\$600 to any charity?
	Gifts or contributions to charities that tot more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code)		ı contributed	Dates	s you ibuted	Value
Dai	t 6: List Cartain Lossas					

Part 6: List Certain Losses

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster,

Case 22-20613-GLT Doc 15 Filed 04/12/22 Entered 04/12/22 15:46:04 Page 42 of 52 Document ANDREW D. MICHALIC, Jr. 22-20613 Debtor 2 CLAUDIA R. MICHALIC Case number (if known) or gambling? Nο Yes. Fill in the details. Describe the property you lost and Describe any insurance coverage for the loss Date of your Value of property how the loss occurred loss lost Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. Part 7: List Certain Payments or Transfers 16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. □ No Yes. Fill in the details. Person Who Was Paid Description and value of any property Date payment Amount of payment Address transferred or transfer was **Email or website address** made Person Who Made the Payment, if Not You The Law Offices of Russell A. Attorney Fees PAID OF \$1000 + \$313 3/2022 \$1,000.00 Burdelski, FILING FEE PAID. BALANCE OF \$4000 **1020 PERRY HIGHWAY** TO BE PAID THRU PLAN Pittsburgh, PA 15237 atyrusb@choiceonemail.com 17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors? Do not include any payment or transfer that you listed on line 16. No Yes. Fill in the details. **Person Who Was Paid** Amount of Description and value of any property Date payment **Address** transferred or transfer was payment made 18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement. No Yes. Fill in the details.

Person Who Received Transfer Description and value of Describe any property or Address property transferred payments received or debts paid in exchange Person's relationship to you

Date transfer was made

Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)

П Yes. Fill in the details.

Name of trust Description and value of the property transferred **Date Transfer was** made

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Debtor 1 ANDREW D. MICHALIC, Jr. Debtor 2 CLAUDIA R. MICHALIC

Case number (if known) 22-20613

Par	t 8: List of Ce	ertain Financial Accounts, In	struments, Safe Depos	it Boxes, and Sto	orage Unit	s	
20.	sold, moved, or Include checkir houses, pensio	efore you filed for bankruptor transferred? ng, savings, money market, on funds, cooperatives, asso the details.	or other financial accou	ınts; certificates	of deposit		
		cial Institution and er, Street, City, State and ZIP	Last 4 digits of account number	Type of account instrument	int or	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
21.	Do you now have cash, or other w	ve, or did you have within 1 valuables?	year before you filed fo	r bankruptcy, an	ıy safe dep	oosit box or other deposit	ory for securities,
	■ No □ Yes. Fill in	the details.					
	Name of Finan Address (Number	cial Institution er, Street, City, State and ZIP Code)	Who else had ac Address (Number, State and ZIP Code)		Describe	the contents	Do you still have it?
22.	Have you store	d property in a storage unit	or place other than you	r home within 1	year befor	e you filed for bankruptc	/?
	■ No □ Yes. Fill in	the details.					
	Name of Stora Address (Number	ge Facility er, Street, City, State and ZIP Code)	Who else has or to it? Address (Number, State and ZIP Code)		Describe	the contents	Do you still have it?
Par	t 9: Identify P	roperty You Hold or Control	for Someone Else				
23.	Do you hold or for someone.	control any property that so	meone else owns? Inc	lude any propert	y you borr	rowed from, are storing fo	or, or hold in trust
	■ No □ Yes. Fill in	n the details.					
	Owner's Name Address (Number	er, Street, City, State and ZIP Code)	Where is the pro (Number, Street, City, Code)		Describe	the property	Value
Par	t 10: Give Deta	ils About Environmental Inf	ormation				
For	the purpose of F	Part 10, the following definiti	ions apply:				
	toxic substance	law means any federal, state es, wastes, or material into t atrolling the cleanup of these	he air, land, soil, surfac	e water, ground			
	•	location, facility, or propert	•	environmental la	aw, wheth	er you now own, operate,	or utilize it or used
		erial means anything an enverial, pollutant, contaminant		as a hazardous	waste, ha	zardous substance, toxic	substance,
Rep	ort all notices, re	eleases, and proceedings th	at you know about, reg	ardless of when	they occu	ırred.	
24.	Has any govern	mental unit notified you tha	t you may be liable or p	otentially liable	under or i	n violation of an environn	nental law?
	■ No	the detaile					
	Name of site	the details. er, Street, City, State and ZIP Code)	Governmental un Address (Number,			onmental law, if you it	Date of notice
			ZIP Code)				

Case 22-20613-GLT Doc 15 Filed 04/12/22 Entered 04/12/22 15:46:04 Page 44 of 52 Document Debtor 1 ANDREW D. MICHALIC, Jr. Case number (if known) 22-20613 **CLAUDIA R. MICHALIC** Debtor 2 25. Have you notified any governmental unit of any release of hazardous material? Yes. Fill in the details. Name of site Governmental unit Environmental law, if you Date of notice Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and know it ZIP Code) 26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders. Nο Yes. Fill in the details. Case Title Court or agency Nature of the case Status of the Case Number Name case Address (Number, Street, City, State and ZIP Code) Part 11: Give Details About Your Business or Connections to Any Business 27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business? ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time A member of a limited liability company (LLC) or limited liability partnership (LLP) ☐ A partner in a partnership ☐ An officer, director, or managing executive of a corporation ☐ An owner of at least 5% of the voting or equity securities of a corporation No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business. **Employer Identification number Business Name** Describe the nature of the business **Address** Do not include Social Security number or ITIN. (Number, Street, City, State and ZIP Code) Name of accountant or bookkeeper Dates business existed 28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. Nο Yes. Fill in the details below. Name **Date Issued** Address (Number, Street, City, State and ZIP Code) Part 12: Sign Below I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ ANDREW D. MICHALIC, Jr. /s/ CLAUDIA R. MICHALIC **CLAUDIA R. MICHALIC** ANDREW D. MICHALIC, Jr. Signature of Debtor 1 Signature of Debtor 2 Date April 12, 2022 Date April 12, 2022 Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? No ☐ Yes

■ No

☐ Yes. Name of Person _____. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Official Form 107 Statement of Financial Affairs for Individuals Filing for Bankruptcy

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

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Debtor 1 ANDREW D. MICHALIC, Jr. Debtor 2 CLAUDIA R. MICHALIC

Case number (if known) 22-20613

Fill in this inforr	nation to identify your case:						
Debtor 1	ANDREW D. MICHALIC, Jr.						
Debtor 2 (Spouse, if filing)	OLAGBIA II. IIIIOTIALIO						
United States E	Bankruptcy Court for the: Western District of Pennsylvania						
Case number (if known)	22-20613						

Check	Check as directed in lines 17 and 21:							
	According to the calculations required by this Statement:							
	1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).							
	2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).							
	3. The commitment period is 3 years.							
	4. The commitment period is 5 years.							

☐ Check if this is an amended filing

Official Form 122C-1

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

10/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Part 1: Calculate Your Average Monthly Income

- 1. What is your marital and filing status? Check one only.
 - ☐ Not married. Fill out Column A, lines 2-11.
 - Married. Fill out both Columns A and B, lines 2-11.

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

				Column Debtor		Column Debtor non-fili	
 Your gross wages, salary, tips, bonuses, overtime payroll deductions). 	e, and co	mmissi	ons (before all	\$	0.00	\$	0.00
 Alimony and maintenance payments. Do not include Column B is filled in. 	le payme	ents from	a spouse if	\$	0.00	\$	0.00
All amounts from any source which are regularly of you or your dependents, including child suppo from an unmarried partner, members of your househe and roommates. Do not include payments from a spo you listed on line 3.	rt. Includ old, your	le regula: depende	contributions nts, parents,	\$	0.00	\$	0.00
 Net income from operating a business, profession, or farm 	Debtor	· 1					
Gross receipts (before all deductions)	\$_	0.00					
Ordinary and necessary operating expenses	- \$ _	0.00					
Net monthly income from a business, profession, or f	arm \$	0.00	Copy here ->	\$	0.00	\$	0.00
Net income from rental and other real property	Debtor	1					
Gross receipts (before all deductions)	\$	0.00					
Ordinary and necessary operating expenses	- \$ _	0.00					
Net monthly income from rental or other real property	\$	0.00	Copy here ->	\$	0.00	\$	0.00

Official Form 122C-1 Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

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	CLAUDIA R. MICHALIC, Jr.			Case nun	mber (<i>if k</i>	(nown)	22-206	13	
				Column Debtor			Column Debtor 2 non-filir		
Inte	erest, dividends, and royalties			\$	C	0.00	\$	0.00	
	employment compensation			\$	(0.00	\$	0.00	
Doı	not enter the amount if you contend the Social Security Act. Instead, list it here		a benefit under				·		
F	For you	\$	0.00						
F	or your spouse	\$	0.00						
ben not Unit disa pay doe	nsion or retirement income. Do not in the sefit under the Social Security Act. Also include any compensation, pension, peted States Government in connection vability, or death of a member of the unit paid under chapter 61 of title 10, then so not exceed the amount of retired pay etired under any provision of title 10 of	o, except as stated in the neay, annuity, or allowance pa with a disability, combat-relator formed services. If you rece include that pay only to the y to which you would otherw	ext sentence, do aid by the ated injury or sived any retired extent that it vise be entitled	\$	655	5.00	\$	0.00	
Inco Do i rece dom Unit disa	ome from all other sources not liste not include any benefits received unde eived as a victim of a war crime, a crimnestic terrorism; or compensation, pented States Government in connection vability, or death of a member of the unit rices on a separate page and put the total	d above. Specify the sourcer the Social Security Act; per against humanity, or intesion, pay, annuity, or allow with a disability, combat-releformed services. If necessary	e and amount. ayments rnational or ance paid by the ated injury or						
				\$	(0.00	\$	0.00	
				\$	(0.00	\$	0.00	
	Total amounts from separate pag	ges, if any.	+	\$	(0.00	\$	0.00	
	culate your total average monthly in the column. Then add the total for Colum			655.00	+	\$_	0.00	_ = \$	655.00
2:	Determine How to Measure Your	Deductions from Income							al average nthly income
Cor Cal	py your total average monthly incom culate the marital adjustment. Checl	ne from line 11k one:						. \$	655.00
	You are not married. Fill in 0 below.								
	You are married and your spouse is	filing with you. Fill in 0 below	w.						
	Vou are married and your angues is	not filing with you.			41 1-	ougo	hold expens	ses of you or	· vour
		spouse's tax liability or the g this income and the amou	spouse's suppoint of income dev	rt of some	one ot	her th	an you or y	our depende	ents.
	Fill in the amount of the income listed dependents, such as payment of the Below, specify the basis for excluding adjustments on a separate page. If this adjustment does not apply, ent	spouse's tax liability or the g this income and the amouter 0 below.	spouse's suppoint of income dev	rt of some	one ot	her th	an you or y	our depende	ents.
	Fill in the amount of the income listed dependents, such as payment of the Below, specify the basis for excluding adjustments on a separate page. If this adjustment does not apply, ent	spouse's tax liability or the g this income and the amouter 0 below.	spouse's supported into fincome dev	rt of some	one ot	her th	an you or y	our depende	ents. ional
	Fill in the amount of the income listed dependents, such as payment of the Below, specify the basis for excluding adjustments on a separate page. If this adjustment does not apply, ent	spouse's tax liability or the g this income and the amouter 0 below.	spouse's supported into fincome dev	rt of some	one ot	her th	an you or y	our depende	ents.
Yo	Fill in the amount of the income listed dependents, such as payment of the Below, specify the basis for excluding adjustments on a separate page. If this adjustment does not apply, ent	spouse's tax liability or the g this income and the amouter 0 below.	spouse's suppoint of income dev	rt of some	one ot	her th	an you or y	our depende ary, list additi	ents. ional

ANDREW D. MICHALIC, Jr.

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Debtor 1 Debtor 2	ANDREW D. MICHALIC, Jr. CLAUDIA R. MICHALIC	Case number (if known) 22-20	0613
	Multiply line 15a by 12 (the number of months in a year).		x 12
15	b. The result is your current monthly income for the year for this par	t of the form.	\$7,860.00

Official Form 122C-1 Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

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CLAUDIA R. MICHALIC 22-20613 Debtor 2 Case number (if known) 16. Calculate the median family income that applies to you. Follow these steps: 16a. Fill in the state in which you live. PΑ 3 16b. Fill in the number of people in your household. 88.293.00 16c. Fill in the median family income for your state and size of household. To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. 17. How do the lines compare? Line 15b is less than or equal to line 16c. On the top of page 1 of this form, check box 1, Disposable income is not determined under 11 U.S.C. § 1325(b)(3). Go to Part 3. Do NOT fill out Calculation of Your Disposable Income (Official Form 122C-2). Line 15b is more than line 16c. On the top of page 1 of this form, check box 2, Disposable income is determined under 11 U.S.C. § 17b. 1325(b)(3). Go to Part 3 and fill out Calculation of Your Disposable Income (Official Form 122C-2). On line 39 of that form, copy your current monthly income from line 14 above. Calculate Your Commitment Period Under 11 U.S.C. § 1325(b)(4) Part 3: 18. Copy your total average monthly income from line 11. 655.00 19. Deduct the marital adjustment if it applies. If you are married, your spouse is not filing with you, and you contend that calculating the commitment period under 11 U.S.C. § 1325(b)(4) allows you to deduct part of your spouse's income, copy the amount from line 13. 0.00 19a. If the marital adjustment does not apply, fill in 0 on line 19a. 655.00 19b. Subtract line 19a from line 18. \$ 20. Calculate your current monthly income for the year. Follow these steps: 655.00 20a. Copy line 19b Multiply by 12 (the number of months in a year). x 12 \$ 7.860.00 20b. The result is your current monthly income for the year for this part of the form 88,293.00 \$ 20c. Copy the median family income for your state and size of household from line 16c 21. How do the lines compare? Line 20b is less than line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 3, *The commitment* period is 3 years. Go to Part 4. Line 20b is more than or equal to line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 4, The commitment period is 5 years. Go to Part 4. Part 4: Sign Below By signing here, under penalty of perjury I declare that the information on this statement and in any attachments is true and correct. X /s/ ANDREW D. MICHALIC, Jr. X /s/ CLAUDIA R. MICHALIC ANDREW D. MICHALIC, Jr. **CLAUDIA R. MICHALIC** Signature of Debtor 1 Signature of Debtor 2 Date April 12, 2022 Date April 12, 2022 MM / DD / YYYY MM / DD / YYYY If you checked 17a, do NOT fill out or file Form 122C-2.

If you checked 17b, fill out Form 122C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.

ANDREW D. MICHALIC, Jr.

Debtor 1

Debtor 1 ANDREW D. MICHALIC, Jr. CLAUDIA R. MICHALIC

Case number (if known)

22-20613

Current Monthly Income Details for the Debtor

Debtor Income Details:

Income for the Period 09/01/2021 to 02/28/2022.

Line 9 - Pension and retirement income

Source of Income: **PENSION**

Income by Month:

6 Months Ago:	09/2021	\$655.00
5 Months Ago:	10/2021	\$655.00
4 Months Ago:	11/2021	\$655.00
3 Months Ago:	12/2021	\$655.00
2 Months Ago:	01/2022	\$655.00
Last Month:	02/2022	\$655.00
	Average per month:	\$655.00

Non-CMI - Social Security Act Income

Source of Income: SOCIAL SECURITY

Income by Month:

6 Months Ago:	09/2021	\$2,115.00
5 Months Ago:	10/2021	\$2,115.00
4 Months Ago:	11/2021	\$2,115.00
3 Months Ago:	12/2021	\$2,115.00
2 Months Ago:	01/2022	\$2,115.00
Last Month:	02/2022	\$2,115.00
	Average per month:	\$2,115.00

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Debtor 1 Debtor 2 ANDREW D. MICHALIC, Jr. CLAUDIA R. MICHALIC

Case number (if known)

22-20613

Current Monthly Income Details for the Debtor's Spouse

Spouse Income Details:

Income for the Period 09/01/2021 to 02/28/2022.

Non-CMI - Social Security Act Income Source of Income: SOCIAL SECURITY

Income by Month:

6 Months Ago:	09/2021	\$1,033.50
5 Months Ago:	10/2021	\$1,033.50
4 Months Ago:	11/2021	\$1,033.50
3 Months Ago:	12/2021	\$1,033.50
2 Months Ago:	01/2022	\$1,033.50
Last Month:	02/2022	\$1,033.50
	Average per month:	\$1,033.50

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B2030 (Form 2030) (12/15)

United States Bankruptcy Court Western District of Pennsylvania

In 1	ANDREW D. MICHALIC, Jr. re CLAUDIA R. MICHALIC		Case No.	22-20613		
		Debtor(s)	Chapter	13		
	DISCLOSURE OF COMPEN			. ,		
1.	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:					
				5,000.00		
	Prior to the filing of this statement I have received		\$	1,000.00		
	Balance Due		\$	4,000.00		
2.	\$313.00 of the filing fee has been paid.					
3.	The source of the compensation paid to me was:					
	■ Debtor □ Other (specify):					
4. T	The source of compensation to be paid to me is:					
	■ Debtor □ Other (specify):					
5.	■ I have not agreed to share the above-disclosed compe	nsation with any other person t	unless they are mem	pers and associates of my law firm.		
	☐ I have agreed to share the above-disclosed compensat copy of the agreement, together with a list of the name					
5.	In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:					
	a. Analysis of the debtor's financial situation, and renderb. Preparation and filing of any petition, schedules, statesc. Representation of the debtor at the meeting of creditord. [Other provisions as needed]	ment of affairs and plan which	may be required;			
7.	By agreement with the debtor(s), the above-disclosed fee Representation of the debtors in any disc responses to Trustee's certificates of def conferences, status conferences, contest other actions not specifically set forth in a rate of \$300/hr and such fees will be su fee provision.	chargeability actions, judic ault, or any other adversa ted hearing, actions dealir paragraph 6(d) will be paid	cial lien avoidance ary proceeding, ang ag with claims file d through the Cha	mended plans, conciliation d after the bar date and any apter 13 Plan and charged at		
		CERTIFICATION				
this	I certify that the foregoing is a complete statement of any s bankruptcy proceeding.	agreement or arrangement for	payment to me for re	epresentation of the debtor(s) in		
	April 12, 2022	/s/ Russell A. Burd	delski, Esquire			
_	Date	Russell A. Burdels				
		Signature of Attorney The Law Offices of 1020 PERRY HIGH	of Russell A. Burd HWAY	lelski, Esquire		
		Pittsburgh, PA 15 (412) 366-1511 Fa		1		
		atyrusb@choiceo				
		Name of law firm				